



Executive Office of Health and Human Services

Department of Children, Youth & Families • Department of Elderly Affairs • Department of Health •
Department of Human Services • Department of Mental Health, Retardation, & Hospitals

Frequently Asked Questions about the Global Waiver (As of October 1, 2008)

Q: What is a Waiver?

A: Title XIX of the Social Security Act is the law which governs the Medicaid Program. Federal law sets minimum standards for states to run the Medicaid program; however, states have a good deal of flexibility to design their program within the limits established in the federal law.

States may ask the Secretary of the Department of Health and Human Services to put aside or “waive” certain provisions of the law. A “waiver” refers to an agreement between the federal government and the state that defines the provisions of the federal law from which the state will be exempted. The waiver agreement includes special terms and conditions that define the circumstances under which the state is exempt from the specific provisions of the federal Medicaid law.

Q: Are there different types of waivers?

A: Yes, there are two broad categories of waivers. States can request to waive Medicaid requirements under two sections of Title XIX Social Security Act:

- Section 1115 – gives the state the opportunity to pursue research, pilot, or demonstration projects that are likely to assist in promoting the objectives of the Medicaid program. States can request 1115 waivers to test substantially new ideas of policy merit. These projects are intended to demonstrate and evaluate a policy or an approach that has not been demonstrated on a widespread basis. Demonstrations must be “budget neutral” over the life of the project, meaning the program under the waiver cannot be expected to cost the Federal government more than it would cost without the waiver.
- Section 1915 – gives the state the expanded flexibility to provide Medicaid services to eligible individuals using innovative or effective approaches that otherwise would not be permitted under Medicaid laws and regulations.

Q: What type of waiver did Rhode Island request in its Global Waiver application?

A: Rhode Island’s Global Waiver application is an 1115 waiver.

Q: What is the application process for requesting a waiver?

A: There is no standardized format to apply for a Section 1115 demonstration, but the application must be submitted by the single state Medicaid agency. States often work collaboratively with CMS from the concept phase to further develop the proposal. A demonstration proposal typically discusses the environment, administration, eligibility, coverage and benefits, delivery system, access, quality, financing issues, systems support, implementation time frames, and evaluation and reporting.



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Q: What time period is typically covered in a waiver?

A: Demonstration projects are generally approved to operate for a five-year period. States may submit renewal requests to continue the project for additional periods of time. In its Global Waiver application, Rhode Island proposes operating the demonstration for three years with two subsequent years of optional renewals.

Q: Who reviews and approves waiver applications?

A: Waiver applications are reviewed and approved by the Centers for Medicare & Medicaid Services (CMS), Office of Management and Budget (OMB), and Department of Health and Human Services (HHS).

Q: What does the review and approval process involve?

A: The review and approval process includes a series of negotiations between the State and the review team. During this process, the review team may request additional information from the State. This may be done in the context of meetings, formal written questions, and scheduled conference calls. Negotiations focus on the specific details of the waiver and result in a proposed set of terms and conditions.

Q: What factors are evaluated during the application process?

A: CMS assesses the waiver request in three main areas:

- Access to Care
- Quality of Care
- Cost of Care/Financing

Q: What is the status of the waiver negotiations with CMS?

A: While formal waiver negotiations have not yet begun, the State has had multiple interactions with CMS Regional and Central Offices.

September 11, 2008: The Department of Human Services met with Rick McGreal, Regional Director of the Boston CMS Office. The purpose of this meeting was to brief the CMS Regional Office staff on the Global Waiver. CMS Regional Office said they recognize that the Waiver is a high priority for the Governor and therefore it is a high priority for both the CMS Central and Regional Office. A federal team is being put together by the CMS Central Office in Baltimore and that we could expect to hear from them in the next 30 days.

September 12, 2008: The Baltimore CMS Office called to notify the State that there are in the process of pulling their team together. They will contact the State when they have assembled their team and are ready to move forward with the review.

September 29, 2008: Met with CMS Baltimore staff to provide an overview of Rhode Island's Global Waiver. Meetings are to be scheduled over the next few weeks to go into detail on financing and reforms.



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Q: What Waivers does the state currently have and when are they set to expire?

A: Rhode Island currently has nine 1915(c) waivers and one 1115 waiver that have been approved. In addition, the Global Waiver, an 1115 demonstration waiver, is under review by CMS.

| Waiver Name | Summary | Waiver Type | End Date |
|---------------------------|---|-------------|------------|
| RH – Aged and Disabled | Provides homemaker, personal care, environmental access adaptations, skilled nursing, specialized medical equipment and supplies, PERS, senior companion, and Meals on Wheels to individuals who are aged and disabled. | 1915(c) | 3/31/2013 |
| RH – MR/DD | Provides case management, homemaker, respite, residential habilitation, day habilitation, supported employment, environmental modifications, specialized medical equipment and supplies, adult foster care and special homemaker services. | 1915(c) | 6/30/2011 |
| RH - Elderly | Provides homemaker, personal care, special med equipment and supplies, PERS, assisted living, senior companion, Meals on Wheels and minor assistive devices to individuals 65 and over. | 1915(c) | 6/30/2011 |
| RH – Assisted Living | Provides assisted living services, case management and specialized medical equipment to aged and disabled in assisted living facilities. | 1915(c) | 12/31/2011 |
| RH – Disabled Individuals | Provides case management, homemaker, personal care residential habilitation, day habilitation, supported employment, environ access adaptations, specialized med equipment & supplies, PERS, private duty nursing, physical therapy, occupational therapy, speech/hearing/language therapies, to individuals who are aged and/or disabled age 18 and over who require a hospital level of care. | 1915(c) | 11/30/2009 |



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Current Waivers (continued)

| Waiver Name | Summary | Waiver Type | End Date |
|-------------------------------|---|-------------|------------|
| Personal Choice | Provides personal care services, service advisement, fiscal intermediary services, home modifications, home delivered meals, participant directed goods and services, specialized med equipment & supplies, PERS | 1915(c) | 12/31/2008 |
| Psych Hospital Respite Waiver | Provides 100 hours of Respite Services per year to caregivers of children with special health care needs who meet a Psychiatric Hospital Level of Care | 1915(c) | 4/30/2010 |
| Hospital/SNF Respite Waiver | Provides 100 hours of Respite Services per year to caregivers of children with special health care needs who meet either a Skilled Nursing Facility or Acute Hospital Level of Care | 1915(c) | 4/30/2010 |
| ICF/MR Respite Waiver | Provides 100 hours of Respite Services per year to caregivers of children with special health care needs who meet an ICF/MR Level of Care | 1915(c) | 4/30/2010 |
| Rite Care | Statewide demonstration that seeks to increase access to, and the delivery of, primary and preventive health care services for all Family Independence Program families and certain low-income women and children through a fully capitated managed care delivery system. | 1115 | 9/30/2011 |



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Q: What population groups does the Medicaid program currently cover?

A: The Medicaid Program covers a variety of individuals and families. The Rhode Island Medicaid Program covers both mandatory and optional populations.

The following coverage groups must be covered by all state Medicaid programs:

- Infants born to Medicaid-enrolled pregnant women; and
- Children under age six and pregnant women with family income at or below 133 percent of federal poverty guidelines;
- Children born after September 30, 1983, who are at least age five and live in families with income up to the federal poverty level;
- Children who receive adoption assistance or who live in foster care, under the federally sponsored Title IV-E program.
- Individuals who would qualify for Aid to Families with Dependent Children Program (AFDC) today under the State's 1996 AFDC eligibility requirements;
- Recipients of Supplemental Security Income (SSI) or Supplemental Security Disability Insurance (SSDI);
- Low-income Medicare beneficiaries;

The State has chosen to cover the following optional coverage groups:

- Low-income elderly adults or adults with disabilities;
- Individuals eligible for Home and Community Based Services Waiver programs;
- Children and pregnant women up to 250 percent and parents up to 185 percent of the federal poverty level, including children funded through SCHIP (as of October 1, 2008 only parents up to 175% of the FPL will be eligible);
- Individuals determined to be “medically needy” due to low income and resources or to large medical expenses;
- Youths up to age 21 who were in State sponsored substitute care on their 18th birthdays;
- Children under 19 with a disabling condition severe enough to require institutional care, but who live at home (the “Katie Beckett” provision); and
- Women eligible for the breast and cervical cancer program.

Q: Will any new groups be covered under the Global Waiver?

A: Three new populations will be covered under the Global Waiver. These populations include:

- Parents with children in state custody who are pursuing behavioral health treatment for themselves with a goal of family reunification
- Children needing residential mental health treatment. Currently parents must relinquish custody of their children to the State to become eligible for these services.
- Elders at risk for long term care who could remain in their home if they received home and community based services.



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Q: What services are currently covered by the Rhode Island Medicaid Program?

A: The State offers a wide range of mandatory and optional services to the populations it serves.

The following services must be covered by all state Medicaid programs:

- Inpatient hospital services
- Outpatient hospital services
- Medical and dental surgical services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and x-ray services
- Nursing facility services for individuals 21 and older
- Early & periodic screening, diagnostic and treatment services (EPSDT) for individuals under age 21
- Family Planning services
- Physicians' services
- Home health services for any individual entitled to nursing facility care
- Nurse-midwife services to the extent permitted by State law
- Services of certified nurse practitioners and certified family nurse practitioners to the extent they are authorized to practice under State law

In addition, Rhode Island has chosen to cover the following optional services:

- Podiatrists' services
- Optometrists' services
- Dental services & dentures
- Prescribed drugs
- Home & community based services
- Prosthetic devices
- Eyeglasses
- Diagnostic services
- Preventive services
- Rehabilitative services
- Services in an Institute of Mental Disease (IMD) for individuals age 65 and older
- Inpatient psychiatric services for individuals less than 21 years of age
- Nursing facility services for individuals less than 21 years of age
- Personal care services
- Transportation services
- Case management services
- Hospice services
- Tuberculosis (TB) services for certain individuals infected with TB
- Program of All Inclusive Care for the Elderly (PACE)